

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049941

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District 1003 Registrar's No. 12410

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

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Rev. 4/59

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USE BLACK INK
OR
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 8 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hewish Hosp.		d. STREET ADDRESS (If outside, give location) 7537 Shaftsbury	
3. NAME OF DECEASED (Type or print) First Middle Last ANNA (AKA ANNIE) SEIGEL		4. DATE OF DEATH Month Day Year Dec. 15, 1963	
5. SEX Female	6. COLOR OR RACE Cauc.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-15-1898
9. AGE (last birthday) 65		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME Harry Silverman		11b. MOTHER'S MAIDEN NAME Rose (unk)	
12a. NAME OF HUSBAND OR WIFE Joseph		13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
14. SOCIAL SECURITY NO. None		15. INFORMANT Joseph Seigel 7537 Shaftsbury	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Malnutrition</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Exfoliative dermatitis</u> DUE TO (c) <u>705.5</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u> <u>many years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>12-7-63</u> to <u>12-15-63</u> and last saw her alive on <u>12-15-63</u> Death occurred at <u>10:10 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. Plaine</u>	(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>465 Maryland</u>	22c. DATE SIGNED <u>12/16/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem.</u>	23b. DATE <u>12/17/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Chevre Kadisha</u>	23d. LOCATION (City, town, or county) <u>University City, Mo.</u>
24. FUNERAL DIRECTOR <u>Berger Memorial 4715</u>	ADDRESS <u>Pherson</u>	25. DATE RECD. BY LOCAL REG. <u>DEC 16 1963</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith. M.D.</u>

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *Lawrence J. Brown*

Licensed Embalmer No. 3988

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.